

Grooming Only Services

Client/Pet Information

Primary Owner		
Name:		
Address:	City:	State: Zip:
Primary Phone:	Secondary Phone:	(work/cell)
Email:		
Additional Owner/Emergency Cont	act (circle one)	
Name:	Relationship.	:
Primary Phone:	Secondary Phone:	(work/cell)
Email:		
How did you hear about us? ☐ Fri	end	Instagram
☐ Volume One website ☐ Other: _		
,	ation to be completed on Multiple Pet Informa	,
Name: Bre	eed:Color:	weight:
Date of Birth/Adoption Date (circle on	e): Sex: ☐ Femal	le Male Spayed/Neutered: Y/N
Authorized to pick up: Owner(s)	☐ Emergency Contact ☐ Other:	
Multiple pet owners, please indicate if	you would like your pet to stay in the same o	or separate kennels:
Please list your current Vet's informat	ion. Facility Name:	Phone:



Getting to Know Your Pet:

Your pet must be free of fleas & ticks. Please list what type of flea & tick preventative you use. [Required Question]
□ Nexgard □ Bravecto □ Frontline □ Other:
We require that your pet has not had any vaccinations in the past 48 hours of your full/maintenance grooming appointment. Please circle 'Y' to agree to these terms. <i>[Required Question]</i> Y/N
Does your pet have any of the following health problems? [Required Question] Y/N Seizures Heart issues Open Sores Taking a sedative medication Is pregnant or nursing Please specify any other health concerns
Would you consider your pet aggressive? [Required Question] Y/N
Has your pet ever bitten a person? If yes, please describe the situation: [Required Question] Y/N
Does your pet have any non-food related allergies we should be aware of? Y/N
May we give your pet treats? Y/N
How was your pet's past grooming services (if any):
Anything else you'd like the groomer to know?